

ORIGINAL

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

USDS SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 2/25/08

-----x
UNITED STATES OF AMERICA, :

- v. - :

VIOLETTA HUNT, :

Defendant. :

NOLLE PROSEQUI

07 Cr. 1082 (PKC)

-----x


1. The filing of this nolle prosequi will dispose of this case with respect to the defendant Violetta Hunt.

2. On November 30, 2007, Indictment 07 Cr. 1082 (PKC) (the "Indictment") was filed, charging Violetta Hunt with one count of mail fraud in violation of Title 18, United States Code, Sections 1341 and 2.

3. On December 30, 2007, while this case was still pending, defendant Violetta Hunt died. A copy of the defendant's certificate of death is attached hereto.

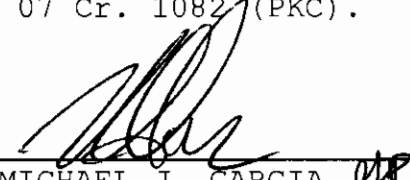
4. Because the defendant died while this case was pending, and therefore before a final judgment was issued, the indictment against her must be dismissed under the rule of abatement. See United States v. Wright, 160 F.3d 905, 908 (2d Cir. 1998).

5. In light of the foregoing, I recommend that an order of nolle prosequi be filed with respect to Indictment No. 07 Cr. 1082 (PKC).


MARK LANPHER
Assistant United States Attorney
(212) 637-2399


Dated: New York, New York
February 19, 2008

Upon the foregoing recommendation, I hereby direct, with leave of the Court, that an order of nolle prosequi be filed with respect to Indictment No. 07 Cr. 1082 (PKC).


MICHAEL J. GARCIA
United States Attorney
Southern District of New York

Dated: New York, New York
February 20, 2008

SO ORDERED:


HON. P. KEVIN CASTEL
United States District Judge
Southern District of New York

Dated: New York, New York
February 21, 2008

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED THE CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-07-053879

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
JAN-05-2008 03:59 PM

1. DECEDENT'S
LEGAL NAME

VIOLETTA

IRIS

HUNT

2a. New York City		2c. Type of Place		2d. Name of hospital or other facility (if not facility, street address)	
2b. Borough		1. Hospital Inpatient		110 GREENWICH STREET	
2e. Manhattan		2. Emergency Dept./Outpatient			
		3. Dead on Arrival			
		6. Decedent's Residence			
		7. Other Specify			
3a. Date and Time of Death or Found Dead		3b. (Month) (Day)		3c. (Year) (YY)	
December 30		2007		2:42 PM	
4. Sex		5. OCME Case No.			
Female		M-07-07211			
<p>6. Cause of Death</p> <p>a. Immediate cause: Pending Further Studies</p> <p>b. Cause or causes consequent to</p> <p>c. Cause or causes consequent to</p> <p>d. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I: include operation information</p>					
7a. Injury Date (mm - dd - yyyy)		7b. Time		7c. At Work	
				1. Yes 2. No	
				7d. Place of Injury: At home, factory, street, etc.	
7f. How Injury Occurred:					
7g. If Transportation Injury Specify		8. Manner of Death		9. Autopsy	
1. Driver/Operator 2. Pedestrian		a. Pending Undeclared		b. Yes	
3. Passenger		c. Natural 3. Homicide		c. No Autopsy Pursuant to Law	
4. Other Specify		d. Accidental 4. Suicide 5. Undetermined		Certifier Signature: Aaron J. Rosen M.D. Date: Jan 2nd, 2008	
				Certifier Name (Print): Aaron Rosen	
				Medical Examiner	
11a. Usual Residence State		11b. County		11c. City or Town	
New York		New York		Manhattan	
12. Date of Birth (Month) (Day) (Year)		13. Age at Death (Years) (Months) (Days)		14. Social Security No.	
November 07 1982		55			
15a. Usual Occupation (Type of work done during most of working life)					
15b. Usual Occupation (Type of work done during most of working life)					
15c. Usual Occupation (Type of work done during most of working life)					
15d. Usual Occupation (Type of work done during most of working life)					
15e. Usual Occupation (Type of work done during most of working life)					
15f. Usual Occupation (Type of work done during most of working life)					
15g. Usual Occupation (Type of work done during most of working life)					
15h. Usual Occupation (Type of work done during most of working life)					
15i. Usual Occupation (Type of work done during most of working life)					
15j. Usual Occupation (Type of work done during most of working life)					
15k. Usual Occupation (Type of work done during most of working life)					
15l. Usual Occupation (Type of work done during most of working life)					
15m. Usual Occupation (Type of work done during most of working life)					
15n. Usual Occupation (Type of work done during most of working life)					
15o. Usual Occupation (Type of work done during most of working life)					
15p. Usual Occupation (Type of work done during most of working life)					
15q. Usual Occupation (Type of work done during most of working life)					
15r. Usual Occupation (Type of work done during most of working life)					
15s. Usual Occupation (Type of work done during most of working life)					
15t. Usual Occupation (Type of work done during most of working life)					
15u. Usual Occupation (Type of work done during most of working life)					
15v. Usual Occupation (Type of work done during most of working life)					
15w. Usual Occupation (Type of work done during most of working life)					
15x. Usual Occupation (Type of work done during most of working life)					
15y. Usual Occupation (Type of work done during most of working life)					
15z. Usual Occupation (Type of work done during most of working life)					
16. Birthplace (City & State or Foreign Country)					
New York New York					
17. Education (Check the highest degree or level of education completed at the time of death)					
18. Highest Grade of Education (Check the highest degree or level of education completed at the time of death)					
19. Highest Grade of Education (Check the highest degree or level of education completed at the time of death)					
20. Marital Status at Time of Death					
21. Surviving Spouse's Name (Maiden name prior to first marriage) (First Middle Last)					
22. Father's Name (First Middle Last)					
23. Mother's Name (First Middle Last)					
24. Informant's Name					
25. Address (Street and Number) City & State ZIP Code					
26. Place of Disposition (Name of cemetery, crematory, other place)					
27. Date of Disposition					
28. Address (Street and Number) City & State ZIP Code					

Government File Copy
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This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon as an affidavit as the facts have been provided by law.

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DATE ISSUED

January 23, 2008

Steven P. Schwartz, Ph.D., City Registrar



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE